
February 1992

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CC report to the Medical Board

Clinical Center News

Hematology Service Offers Improved Thrombosis Detection

By Sue Kendall

The thrombosis laboratory of the Clinical Pathology Department's hematology service has started a clinical research program to study specific thrombosis-related problems. One protocol examines different forms of therapy for treating thrombosis caused by indwelling (Hickman) catheters. Another protocol

monitors patients before and after neurosurgery to ensure early detection of blood clots. Other areas of study include improving the use of anticoagulants (blood thinners) in patients with thrombosis and developing early-warning systems to identify at-risk patients by studying their blood chemistry.

The new service was initiated by Dr. Gerard Connaghan, clinical

director of the thrombosis lab, and Dr. Harvey Gralnick, director of the thrombosis lab and chief of the hematology service. Says Gralnick, "We are interested in seeing all patients who have thrombotic complications related to their underlying disorder. We encourage institute physicians to contact us in the event of any thrombotic disorder before instituting any therapeutic or

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Martin Luther King, Jr. Commemorative Program Held at Clinical Center

By Sue Kendall

Masur Auditorium was packed to the rafters January 17 for the 17th annual observance of Dr. Martin Luther King, Jr.'s birthday. The audience joined in song and recitation to celebrate the event's theme, "Love is the Only Force." King would have been 63.

Program highlights included a tribute section in which several NIHers, including Clinical Center employee Mary Hepburn, were spotlighted in the darkness as they quoted passages from King's many inspired speeches and letters. As they spoke, "We Shall Overcome" played softly in the background. Pianist and Howard

University Professor Thomas J. Flagg dazzled the audience with a brilliant rendition of the last movement from Prokofiev's Sonata No. 7. Later in the program, he played the Sonata in E Minor by Florence Price, the first black woman composer to have her works performed by symphony orchestras.

*MARTIN LUTHER KING, Jr. PROGRAM
continued on page 5*

Letters to the editor...

CC patient appreciates extra efforts by Radiology Department

I would like to thank Diane Murphy for the efforts she has put forth in my behalf—such as staying after hours at a time when I was very anxious. She and Dr. Avilu were so kind to put me at ease and give me the encouragement I needed. I truly felt the support I needed to calm down—all due to Diane's vivacious personality and total competence. When I am in the hospital, and I believe this goes for most sick people, I feel vulnerable, confused, and distressed because I

am no longer in control of what is happening to me. Therefore, smiles, kind words, and happy and reassuring faces are things patients appreciate much more than one would imagine.

Thank you very much for all that and much more, Diane. My wish to you is that you stay the same way and that you have much-deserved happiness.

I will remain forever indebted,
Deborah Kipperman

Telecommunicate with the Grammar Grandma

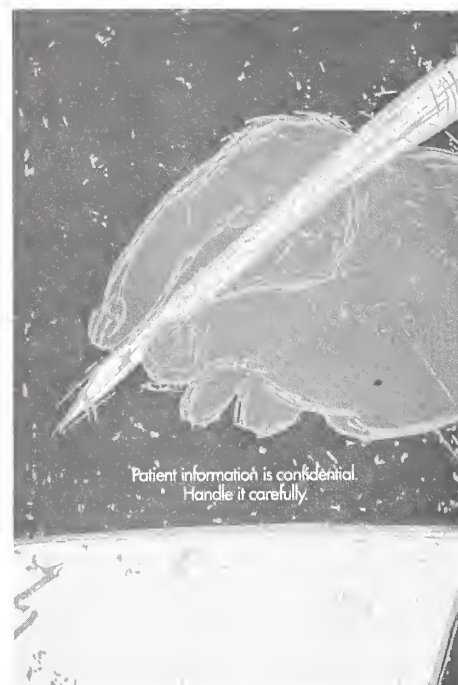
Add this number to your grammar hotline Rolodex card: **402-2984**. The Grammar Grandma now has a fax machine. Are you a little shy about calling her? Don't worry about it! Just type up your

question and fax it on over. Be sure to include your phone and fax numbers so she can get right back to you. P.S. This is also the fax number for Clinical Center Communications, Granny's home base. ■

Volunteers Needed for Outpatient Study

The National Institute of Child Health and Human Development and the National Institute of Allergy and Infectious Diseases seek healthy volunteers aged 18-45 to participate in an outpatient study for the evaluation of a new investigational conjugate vaccine against *Cryptococcus neoformans*

infection. Female volunteers will be screened for pregnancy; a positive pregnancy test will exclude participation. All participants will be paid a minimum of \$250. For enrollment or information, please call (301) 480-3858. ■



CC News

Editor: Karen Riedel

Clinical Center News is published monthly by the Office of Clinical Center Communications, Colleen Henrichsen, Chief, for employees of the Clinical Center, National Institutes of Health, Department of Health and Human Services.

News, article ideas, calendar events, letters and photographs are encouraged and can be submitted to Bldg. 10 room 1C255 or by calling 496-2563.

Deadline for submission is the second Monday of each preceding month.

When Your Hands Hurt Too Much...

It's being called "the disease of the information age." Like runner's knee or tennis elbow, carpal tunnel syndrome (CTS) is a repetitive-motion injury. However, CTS affects the hands and is not sports related.

CTS results most frequently from activities requiring repetitive wrist motion. Keyboard typists, butchers, and scanners and check-out clerks at the grocery store perform such movements.

Symptoms of CTS include fatigue, aches, pains, tingling, and numbness in the hands and wrists. Because of the repetitive motion, tendons in the hands and wrists become inflamed, causing pain and swelling. The swelling puts pressure on the median nerve [see Figure 1] and causes weakness and numbness. If CTS symptoms are not treated, the muscles in the hand and wrist may eventually waste away.

Among Clinical Center employees, typists and people who use pipettes are most at risk for developing CTS. Dr. Manmohan

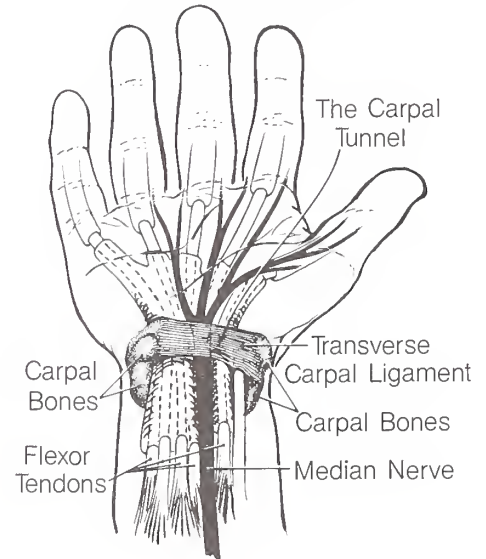
Ranadive, assistant medical director of the Occupational Medical Service (OMS), advises "simple preventive measures and early recognition of the symptoms associated with CTS are key to avoiding disability. For example, repetitive-motion injuries involving the wrists can be avoided by keeping the wrists level when typing." Ranadive encourages workers to mix work activities throughout the day, to take brief breaks from typing, and to perform exercises recommended by the American Physical Therapy Association [see Figure 2].

Ranadive emphasizes, "In general, most repetitive-motion injuries result from improper positioning of a person and his or her equipment. Take a moment to examine your occupational and personal activities that involve repetitive motion. If the equipment used in those activities is placed awkwardly, it should be repositioned."

For additional information on the proper adjustment of

Figure 1

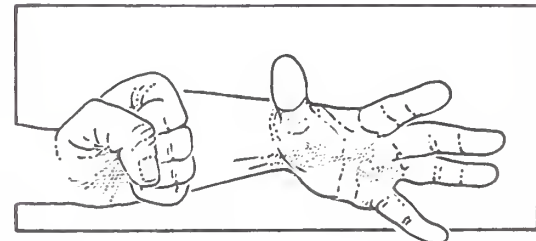
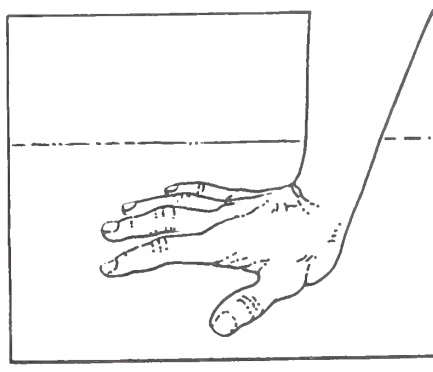
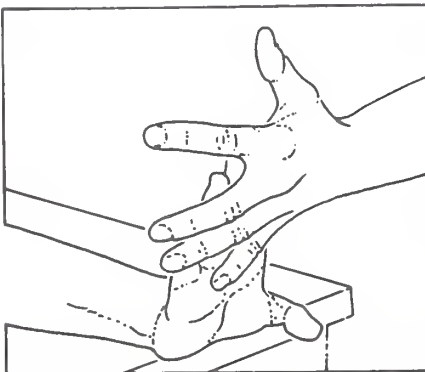
Normal Carpal Tunnel Anatomy



workplace equipment, call the Clinical Center safety officer at 496-5281 or the Occupational Safety and Health Branch at 496-2346. For more information on CTS, call OMS at 496-4411. ■

Figure 2

Exercises Recommended by the American Physical Therapy Association



Women Increasingly at Risk for HIV Infection

CC's HIV Counseling Program Extends Reach

Human immunodeficiency virus (HIV) infection, which causes AIDS, is affecting increasingly more people of various ages, races, and economic classes. Two years ago, the HIV counseling program, assumed by the Clinical Center's Social Work Department, began counseling people with HIV infection and AIDS. As HIV infection and AIDS have become more prevalent, the program, headed by HIV Counseling Coordinator and Senior Clinical Social Worker Judith Williams, has become a strong local and national resource.

"The counseling is kept absolutely confidential," Williams stresses.

Williams gets calls from people all over the United States. She obtains information from the Centers for Disease Control and has extensive referral networks across the country.

In addition to providing counseling for Clinical Center patients and NIH employees with HIV infection, the HIV counseling program offers information and referral services to people who have not been diagnosed with HIV infection but who are fearful of contracting it. The program focuses on patients' rights, discrimination, quality of life, and continuity of care. Recently, two additional aspects of the program have become very important: referring heterosexuals for HIV

testing and educating people about safe sex.

"The program is really growing—especially since Magic Johnson announced he had contracted the HIV infection heterosexually," says Williams. "Our phones rang 'off the wall' for a week. A lot of people wanted us to tell them that they are not at risk for HIV infection, but we couldn't tell them that because their behaviors do put them at risk."

Known for finding the positive side of any situation, Williams recalls, "I was able to give a lot of information to people involved in risky behaviors. I was able to refer people to clinics for anonymous blood testing to see if they were HIV positive. I've been able to counsel those who have tested HIV positive and refer them to other resources."

Williams' office, inconspicuously tucked away on the 11th floor bridge of the Clinical Center, is easy to miss if you are not looking for it. "The location is an advantage," says Williams. "My door says 'counseling coordinator.' People come to my office for many different reasons, so there is no stigma associated with coming to see me." She adds, "The counseling is kept absolutely confidential. I do not enter any information into the Clinical Center's Medical Information System or any other computerized system, and I do not give patient-specific reports to anyone. People want to trust me. If I am not

trusted, then I cannot help."

A Message to Women

The number of women diagnosed with HIV infection or AIDS is increasing. Of the AIDS-infected women in the United States, 85 percent are between the ages of 15 and 44. More than a quarter of those women are in their 20s. Says Williams, "Most of the women I've seen lately have been between 25 and 35 years old. They are usually women who have had sexual encounters with people who have used intravenous drugs in the past."

According to Williams, the increase of HIV infection and AIDS in women is linked to drug use. Research has shown that drug

"Women must realize that having unprotected sex puts them at risk for HIV infection," says Williams.

use leads to unprotected sex.

"For example," says Williams, "if you are on drugs, you probably won't use a condom or a clean needle because you are not thinking clearly."

Williams stresses, "Women must realize that having unprotected sex puts them at risk for HIV infection." Unfortunately, some women who do have protected sex stop using protection after a few months with the same partner.

HIV PROGRAM continued from page 4

"Usually men will tell women that spontaneous sex is better and more fulfilling than protected sex. After a few months of pressure from the man, the woman stops using protection or stops insisting the man use protection, because she is worn down and feels the issue is hurting the relationship. People don't realize it can take up to five years or longer for someone to show signs of having the infection," Williams explains.

"I just hope we can get the message to women. It is very sad to see young women who are getting established with careers or families contract HIV infection. To think this is happening to them is shocking," Williams reflects.

The HIV counseling program also sees husband-wife couples who are worried about past behaviors that may have put them at risk for HIV infection now.

Getting Help

The HIV program is dedicated to helping HIV-infected people live their lives to the fullest.

Williams explains, "I talk to people about the disease, how it is transmitted, and I give straight facts. I don't tell people 'everything is going to be fine.' I do tell them: five or eight years ago, people died soon after they developed AIDS. Now, the life span for people with AIDS has increased dramatically to about 10 or 15 years."

The HIV counseling program is located in building 10, room 11C438. A 24-hour answering machine will take messages at (301) 496-8955. Clinical Center physicians who during protocol screening discover that a patient has HIV infection should call the HIV counseling program. ■

*MARTIN LUTHER KING, Jr.
continued from page 1*

Planning Committee members Priscilla Rivera, R.N., and Dr. James C. Moone lead the audience in a responsive litany honoring King. The audience also accompanied vocalist Montrue Nelson in singing the chorus of "That's What Friends Are For."

Dr. Bernadine Healy, participating in her first Martin Luther King, Jr. day at NIH, introduced the event's keynote speaker, Dr. Joseph E. Lowery, president of the Southern Christian Leadership Conference and close friend of King. Lowery won over the audience

immediately with his humor as he joked about the parking situation here at NIH and chided us for arranging such bone-chilling weather for him. Later, on a more solemn note, he stressed that King did not just dream, a reference to the quote so often linked to King, but that he acted to make that dream come true. Lowery cautioned against "resurrecting the messenger but not the message," explaining that he feels a yearly observance of King is fine, but that everyone should work daily toward fulfilling King's mission. ■

THROMBOSIS continued from page 1

diagnostic procedures." The thrombosis laboratory's research nurse, D.J. Fleagle, is available to perform a noninvasive, bedside test for venous thrombosis (diagnostic impedance plethysmography) on Clinical Center patients.

Thrombosis is a condition in which a blood clot forms in an artery or vein. Diseases caused by these clots, such as heart attacks and strokes, result in almost a million deaths a year in the United States.

In the last several years, an increasing number of Clinical Center patients have suffered from both arterial and venous clots, although venous clots are more common.

In collaboration with the Diagnostic Radiology Department, the thrombosis laboratory plans to

expand services for diagnosing thrombosis or prethrombosis by offering more noninvasive tests, such as impedance plethysmography, Doppler ultrasound, and magnetic resonance imaging. The two laboratories will compare these noninvasive tests with the standard test, venography, which involves injecting contrast dye into the patient.

"We believe that this combined approach will greatly improve the early diagnosis, prevention, therapy, and understanding of thrombotic disorders in Clinical Center patients," says Gralnick.

Institute physicians who wish to refer patients for these studies may contact the on-call hematology consultant at 496-6891 (pager: 104-2359-7). ■

On the QT

CC Employees Give Feedback on Recognition

Would you like to be recognized by your boss when you stay late to work on a special project? Would you feel terrific if your name was published in *CC News* for winning an award? The Clinical Center's recognition champion project working group asked Clinical Center employees how they felt about recognition, and those asked had plenty to say.

Last October, employee surveys were conducted throughout the Clinical Center to determine employees' feelings about recognition. The recognition working group hired Widener-Burrows & Associates to conduct nine focus groups with administrative non-supervisory staff, clerical non-supervisory staff, wage-grade non-supervisory staff, non-supervisory allied-health professionals, professional supervisors, staff nurses, doctors, department heads, and wage-grade supervisors. Each focus group consisted of a two-hour discussion with about 10 employees.

The information from the focus groups is raw feedback. Now, the recognition working group will analyze the information and determine a course of action. In the meantime, the recognition working group wants to share the focus-group results with Clinical Center employees—with the understanding that this information has not yet been analyzed.

Preliminary findings show that employees feel that recognition is

important, but believe that, currently, recognition at the Clinical Center is sporadic and inconsistent; employees do not have complete information about the recognition opportunities that are available to them, for the most part; the criteria for determining which employees merit recognition are not well defined or understood, nor do employees feel they are consistently applied; and formal recognition at the Clinical Center is often not bestowed in a timely manner.

Through the focus groups, employees suggested developing more opportunities for recognition and shortening the time it takes to receive recognition. They said they would like to be recognized by peers and to receive recognition and appreciation from supervisors day to day, as well as for extra efforts. They also said they would like immediate supervisors to be more sensitive to employees' needs for informal and formal recognition. Employees would like a more objective system of recognition with consistent guidelines for all. In addition, employees said they would prefer a simpler submission process. Employees said they like being recognized for their work with patients. Other desirable forms of recognition: award ceremonies, mentions in *CC News*, parking privileges, letters and documentation that can be placed in personnel files, and funding for

training-related and work-related travel.

Widener-Burrows & Associates made several recommendations for the recognition working group to explore as it develops plans and programs, some of which follow. The importance of recognition needs to be communicated to everyone in the Clinical Center. All those in positions to recognize employees must realize that recognition is an essential responsibility. Definite criteria for nominations and awards should be developed for each recognition program. The process of recognition needs to be more consistent, more timely, and less cumbersome. Supervisory personnel should receive training that covers the recognition process and includes supportive and positive management techniques. A succinct pamphlet describing awards and recognition methods should be developed and distributed to all Clinical Center employees. All departments should institute recognition programs, if they are not doing so already. Team recognition should be encouraged, and awards should be proposed more frequently. Limited-duration parking privileges should be considered for employees who are not currently given preferential parking spaces. Each Clinical Center recognition program should be evaluated and modified, if necessary, to ensure

CC Report Presented to NIH Medical Board

The second annual Clinical Center report was recently presented to the NIH Medical Board by Acting Clinical Center Director Dr. Saul Rosen. The idea of a Clinical Center report to NIH institutes grew out of a management retreat in Easton, Maryland, during which participants called for increased communication between institutes and the Clinical Center.

In the presentation, Rosen noted continued patient-admission trends such as a decline in inpatient days and a steady rise in

outpatient and day-hospital visits. The average inpatient stay fell from about 9 days to about 8 days, suggesting that more work is being done in less time. Inpatient admissions of children under age 4 continued to climb, and AIDS investigations shifted increasingly to the outpatient setting. The workload for Clinical Center departments remained generally constant or increased slightly. Strong financial management permitted a much-appreciated \$6.2 million rebate to the institutes, which was consistent with the

Clinical Center's commitment to keep its operating costs "in balance" with the overall growth of the intramural budget.

Rosen noted early accomplishments of the Clinical Center's ambitious Quality Together initiative and closed by citing substantive accomplishments from virtually all Clinical Center departments.

Medical Board members include primarily clinical directors for the 13 institutes that have clinical research programs. ■

ON THE QT continued from page 6

that employees are being recognized in a personal, meaningful, and prompt manner.

A copy of the focus group results is available in the QT resource center. Although not all

employees could be invited to participate in the focus groups, you may still discuss your concern(s) with a member of the recognition working group. Members are also available to

discuss the report with Clinical Center departments. For more information, call Larry Eldridge at 496-7828. ■

NIH has authorized use of a new award—time off as an incentive award. This award is granted to employees as an excused absence without loss of pay or charge to leave, in recognition of superior accomplishment or other personal effort that contributes to the quality, efficiency, or economy of Government operations.

The Clinical Center has not implemented this program; however, the Office of Management Support Services is working out the details of implementation.





The Educational Services Office shows their enthusiasm for the Washington Redskins.

February Calendar of Events

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| <p>5 Grand Rounds
12 noon-1 p.m. Lipsett Amphitheater
<i>Cholesterol Lowering and the Secondary Prevention of Coronary Heart Disease</i>, Basil Rifkind, M.D., NHLBI; Clinical Center Alum
Presentation: <i>Mutations in Collagen Genes as a Cause of Brittle Tissue in Osteogenesis Imperfecta, Osteoarthritis, Aortic Aneurysms, and Osteoporosis</i>, Darwin Prockop, M.D., Ph.D., Thomas Jefferson University.</p> | <p>19 Grand Rounds
12 noon-1 p.m. Lipsett Amphitheater
<i>Clinical Potpourri: Toxic Pearls</i>, David Henderson, M.D., CC, Moderator; <i>Interferon Cardiotoxicity</i>, Bob Walker, M.D., NIAID; <i>DDI Retinal Toxicity</i>, Scott Whitcup, M.D., NEI; <i>Ketoconazole "Therapeutic" Toxicity</i>, Lynnette Nieman, M.D., NICHD; <i>Suramin Toxicity</i>, Mike Cooper, M.D., NCI.</p> | <p>26 Consensus Development Conference
Clinical Center
27 Triglyceride, High Density Lipoprotein, and Coronary Heart Disease; For more information contact Carol Sadler at (301) 468-MEET.</p> |
| <p>12 Grand Rounds
12 noon-1 p.m. Lipsett Amphitheater
<i>Cancer and the Syndrome of Inappropriate Antidiuresis</i>, Bruce Johnson, M.D., NCI; <i>Clinical Uses of Antiprogestins</i>, Lynnette Nieman, M.D., NICHD.</p> | <p>21 Caucus of NIH Scientists on Women's Issues
12 noon-1 p.m. Lipsett Amphitheater
<i>Are There Gender Barriers to Tenure and Promotion within the NIH?</i> Dr. Bernadine Healy, Dr. Monique Dubois-Dalcq and Joan Schwartz, Moderators.</p> | <p>26 Clinical Staff Conference
12 noon-1:30 p.m. Lipsett Amphitheater
<i>Recent Advances in the Treatment of AIDS-related Opportunistic Infections</i>, H. Clifford Lane, M.D., NIAID, Moderator.</p> |